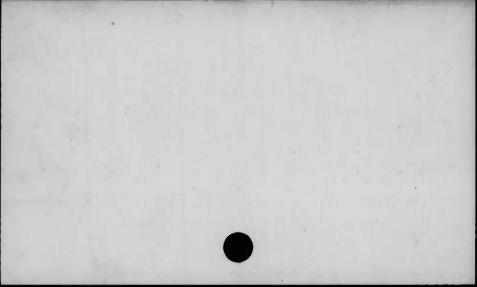
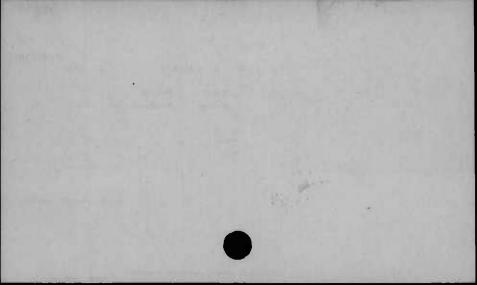
Name in Full Certificate of Death Charles Cursusk Forth Slew. Newel gomery Occupation Married Widow Female Colored Single Widower Number of children living Husband Luinia King Clarbush. Father's Name How long sick 1 week Daralysis, heart Death Immediate. Accident, Suicide, Homicide Reported by Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU. 65968

## 0/70/13/25

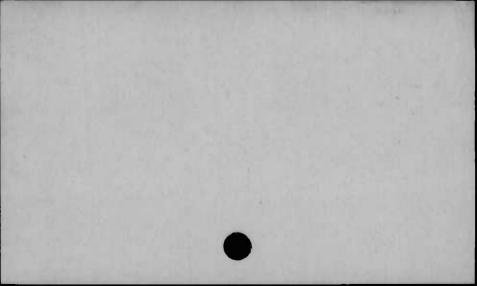
Name in Full Certificate of Death Occupation Number of children living Female Colored Single Husband Father's Mother's Name Name How long sick Serility Cause of Death Accident Suiside Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY-BUREAU, 79705



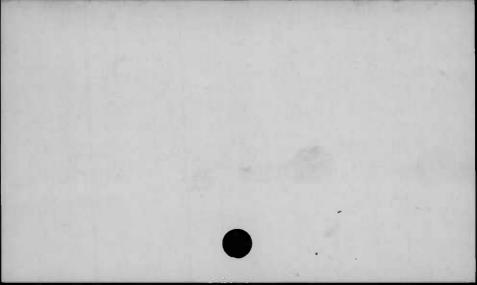
Name in Full Certificate of Death Number of children living Cause of Death Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



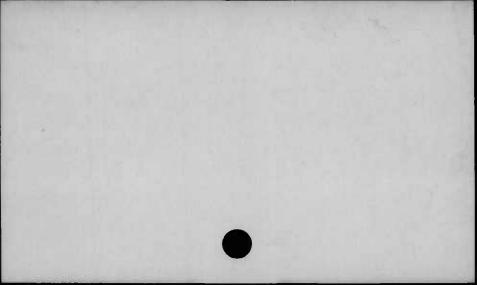
Name in Full White Lamale Colored Single Widower Number of children living Husband Wife Acordant Suicida Homicide Reported by Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



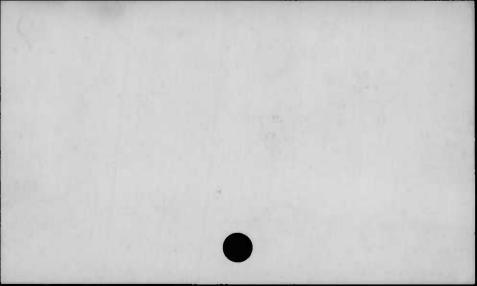
Name in Full Certificate of Death Widow Diverced Female Colored Single Widower Number of children living Husband Wife Name How long sick Cause of Death Accident, Suicide, Homicide Reported b Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



Name in Full Certificate of Death Occupation Male Widow Divorced Single Widower Number of children living Husband Wife Fether's How long sick Cause of Death Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



Name in Full Certificate of Death MARYLAND Date 180 2 Number of children from Female Colored Single Husband Wife Father's Mother's Name Cause of Accident, Suicide, Homicide Reported\_by Addres Most be signed by physician, If any in ettendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU. 79706



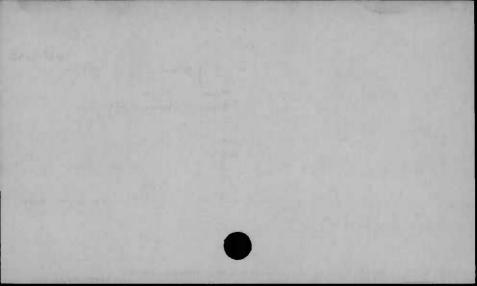
Certificate of Death Glorge J. Day Died at Takoma Payl monty Invery MARYLAND Data 1902 app. 1 Age 70 - -177d-Laborer Widower Number of children living Husband of annie Day Father's Sebert Day Maiden Nama Monory Baden

Cause of Primary

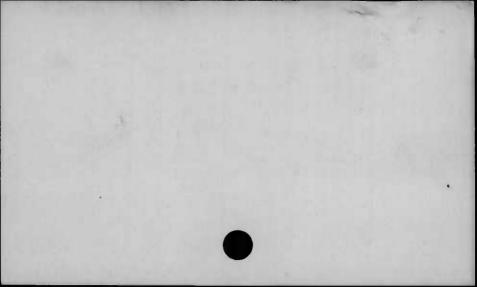
Pr Death Immediate Kheumatism & Endo carditos sociedos suicidos Hacicidos Reported by and Parsons mid , Addips Dahoma Park Me -Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Had sevene sun stroke 1540 Local registrar.

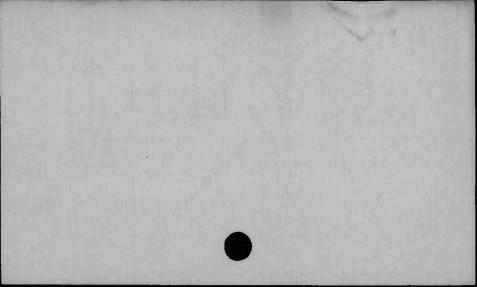
Name in Full Certificate of Death Itale E. Dulin Occupation Female Single Number of children in Husband Death Accident Sweide Hamicide Reported by Address My be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, SEGER



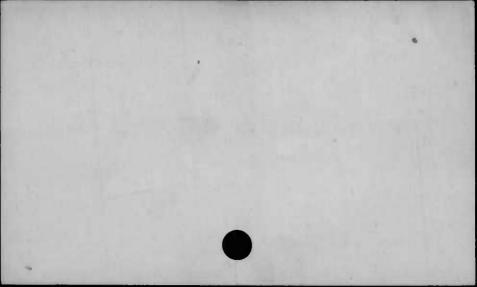
Name in Full Certificate of Death Date 1902 Widow Divorced Female Colored Single Number of children living Husband Wife Father' Name How long sick Cause of Must be signed by physician, if any in attendance otherwise by coronar, undartaker or minister. LIBRARY BUREAU. 79898



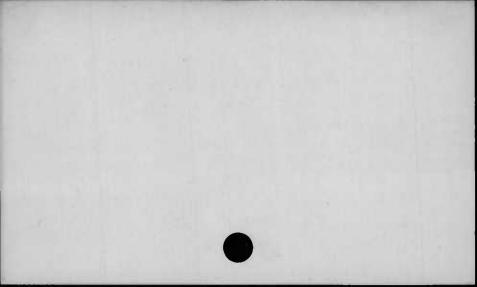
Name in Full Certificate of Death Number of children living Female Single Father's Name Cause of Death Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 85968



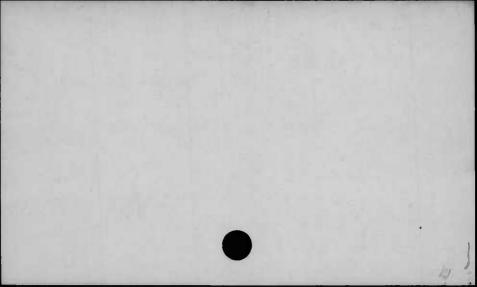
Name In Full Certificate of Death woun MARYLAND Occupation Date 190 Z Age Married Female Colored Single Number of children living Husband Wife Father's How long sick Cause of Accident, Suicide, Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY PUREAU, 79898



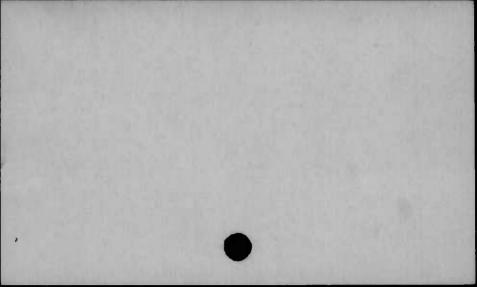
Certificate of Death Name in Full Meontgowery Ago 86-3-5 Ashlow, Med Laborer Fomale Colored Widower Number of children living Husband Wife-Father's Name Cause of Death Immediate Accident, Surcide, Hemicide Augusties Stables Me D Addres For the Dr. by H. C. Brighton Med Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79706



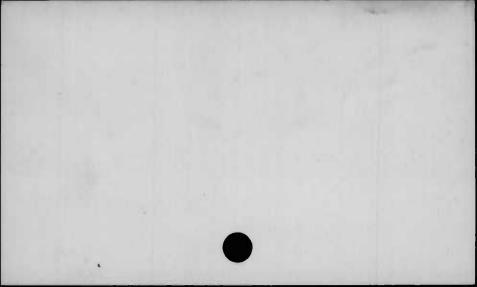
Name In Full Certificate of Death Date 19 0 2 Married Female Colored Number of children living Single And Juden Accident, Suicide, Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



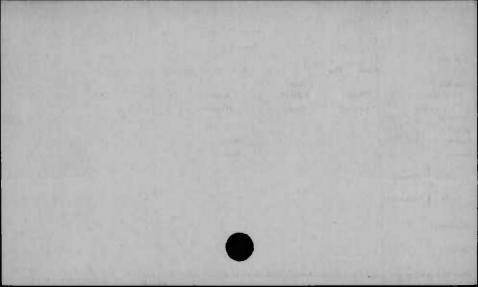
Name in Full Certificate of Death Charles Carrall Kimball Died at Forest Elen Wouldonery Number of children living ive Hartings Kemball. Father's Name How long sick Primary Takes Corsalis Immediate Cultural Hermorrage Accident, Suicide, Homicide 52 Wright Mill Alblen Mary land Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65968



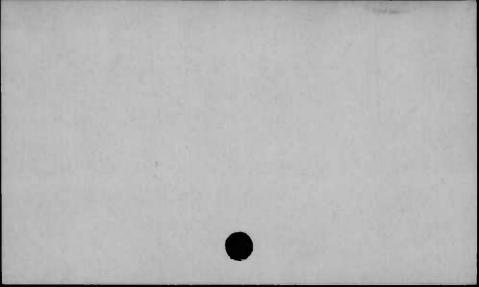
Name in Full Certificate of Death albert Mockso Dato 1802 Married Colored Single Widower Number of children living 4 Husband Fether's Name Ceuse of Death Aceident, Suicide, Hamicide Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79708



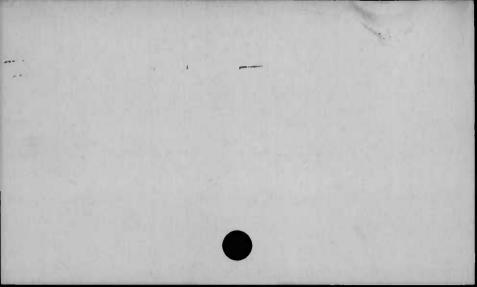
Name in Full Certificate of Death Marriad Colored Single Widawer . Number of children living Semale Husband Wife alix Minor Name Father's Name Primary Tubercular Muningile Death Accident, Suicide, Homicide Reported by Addresi Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65968



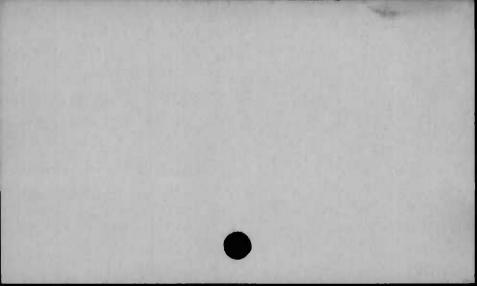
Name in Full Certificate of Death Female Colored Single Number of shildren livin Husband Wife Father's Name Cause of Death Reported Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65968



Name in Full Certificate of Death Colored Single Death Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUPEAU, 79898



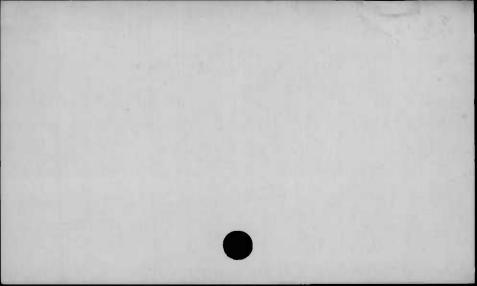
Name in Full Certificate of Death Fairl md Died at White Married Female Colored Single Widower Number of children living Husband Wife Frank Robinson Name Angeline Rolling How long sick Cause of Death Reported by Quant Melle mol. Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Certificate of Death Resu Tumas Scowden Died at Polizville County Browly Decres MARYLAND Month Day

Age 34/1-29

Willow Divoled Colored Single Wildwer Number of children living who martha Plucuser Nome Reserv Desouvaler Maiden Name acuie Lee Primary Chronice albuminusias Howton Immediate Paraly Six general, Accident, Suicide, Homicide Reported Dy Keckard & Gold Addies / Porheville Mid Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU. 79898



Name in Full Certificate of Death Martind Widow Divorced Female Coloned Single Widower Number of children living Husband Wife Father's Cause of Death Immediate Accident, Surside, Homicide Reported Addres Must be staned by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898

